

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027869

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 70

FILED JUL 29 1963

1. PLACE OF DEATH a. COUNTY <b>Gentry County, Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Stanberry, Mo.</b>		c. CITY OR TOWN <b>Stanberry, Missouri</b>	
Length of stay in lb <b>1 Year</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Harmony Hill Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>6th &amp; Park Streets</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lulu Mayfield Brown</b>		4. DATE OF DEATH Month Day Year <b>July 15 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>16-20-1871</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11a. BIRTHPLACE (City and state or country) <b>Gentry, Missouri</b>		11b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fort Chilton</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Thomas Daniel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Bill Pickeral Stanberry, Missouri</b>	
17. INFORMANT <b>James C. Brown</b>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis, abdominal</b> DUE TO (b) <b>Unknown.</b> DUE TO (c) <b>Unknown.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arterio-sclerotic heart disease</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>12-21-56</b> to <b>7-15-63</b> and last saw her alive on <b>7-14-63</b> Death occurred at <b>8:pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Arthur D. Carter</b> (Degree or title)		22b. ADDRESS <b>Stanberry, Missouri</b>	
22c. DATE SIGNED <b>7-19-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>7-18-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>High Ridge Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Stanberry, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Johnson Funeral Home Stanberry, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-24-63</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

red  
7-24-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Charles Dean Allen, Student Embalmer No. 671  
working under my personal supervision.

Student Charles Dean Allen Signed Rose E. Johnson  
Signature of Student Embalmer

Licensed Embalmer No. 4948

P. O. Address Stampery, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.